

Teacher Notification of an Inappropriate Teaching Assignment

State of Iowa
Board of Educational Examiners Licensure
400 E. 14th Street
Grimes State Office Building
Des Moines, Iowa 50319-0147

TO BE COMPLETED BY TEACHER (type or print)

Revised 8/07

Applicant's Folder #	Social Security #	Date of Birth Month Day Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	Middle Name	Maiden Name
Street and Number	City	State	Zip Code
Home Phone ()	Work Phone ()	Email Address	

Name of School District: _____

Name of School Building: _____

Name of Building Principal (School Official): _____

Name of school official notified: _____

Date school official was notified: _____

Identify Inappropriate teaching assignment: _____

Name of administrator making an inappropriate teaching assignment, if different than above: _____

Note: Attach a copy of the written notification document submitted to the local school official regarding the assignment for which you are not endorsed.

Statement of Fraud: This document will be considered fraudulent if it contains any false representation or omission of material fact, or if false records are submitted in support of the application.

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding information is true and correct.

Signature of Applicant

Date _____ / _____ / _____
Month Day Year